

**QUEST FOR TRAFFIC IMPROVEMENT OR CHANGE  
CITY OF NEWTON TRAFFIC COUNCIL, ROOM 101A  
1000 COMMONWEALTH AVENUE  
NEWTON CENTRE 02459**

The Traffic Council is administered through the Clerk of the Board's Office. The Petitioner and other parties who may in the Council's judgment be substantially affected by such petition will be notified with the first date the petition will be discussed by the Traffic Council. NOTE: There are additional petition requirements for Resident Only Permit Areas; see Sec. 19-201 of the City of Newton Ordinances. If you have further questions, please call the Clerk of the Board's Office at (617) 796-1210 or (617) 796-1219.

Complete both sides and submit to the Clerk of the Board's Office (PLEASE PRINT):

PETITIONER'S NAME \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Unit # \_\_\_\_\_

TELEPHONE (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_

1. Identify the location and briefly describe the nature of the problem:

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2. Draw a simple diagram or attach a map in the box below that shows the subject street(s) and conditions.

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3. Obtain required signatures on reverse side of this form.

DATE FILED: \_\_\_\_\_

**REQUIRED SIGNATURES (Please Print)**

WPetitions for intersectional controls/regulations (traffic signals, stop signs, no turn on red, etc.) require a total of six (6) signatures (including petitioner's) from owners or tenants whose building or lot of land is located within five-hundred (500) feet of the affected intersection (one signature per household or business).

WPetitions for parking restrictions, truck exclusions, speed limits, and all other traffic regulations must be signed by one (1) owner or tenant of at least half of the residential, commercial and/or non-profit units which abut the affected street or way, provided that in no event shall more than ten (10) signatures (including petitioner's) be required (one signature per household or business).

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_  
TELEPHONE (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_  
TELEPHONE (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_

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